

**WHOLESALE REPORT OF DELINQUENT RETAIL LICENSEE**

TO THE CITY OF MILWAUKEE, CITY CLERK - LICENSE OFFICE

This is to certify that \_\_\_\_\_  
(Name of retail licensee) (Individual, partnership, or corporation)doing business at \_\_\_\_\_ Milwaukee, WI  
(Address of premises)

is indebted to our company in excess of 30 days for intoxicating liquor or 15 days for fermented malt beverages purchased by and delivered to the named licensee on the dates and in the amounts shown by the following invoices:

Invoice Number	Date	Amount	Invoice Number	Date	Amount
1. _____		\$ _____	6. _____		\$ _____
2. _____		\$ _____	7. _____		\$ _____
3. _____		\$ _____	8. _____		\$ _____
4. _____		\$ _____	9. _____		\$ _____
5. _____		\$ _____	10. _____		\$ _____

I declare under penalties of law that I have examined the records maintained in the normal course of business as a wholesaler of alcohol beverages and that each of the invoices listed above is unpaid as of \_\_\_\_\_, 20\_\_\_\_.

I further declare that I have notified the retail licensee by certified mail that I have put a hold on the issuance of their license until payment of these delinquent bills.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Signature and title)\_\_\_\_\_  
Notary, State of Wisconsin\_\_\_\_\_  
(Name of Wholesaler)

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Address and Phone Number of Wholesaler)

**INSTRUCTIONS TO WHOLESALE:** Send original to the City of Milwaukee, License Division to arrive no later than June 1 for July 1 licensees, except for staggered licensees where the filing date shall be no later than 30 days prior to the renewal of the retail license. Retain a copy for your files. If additional forms are needed, contact:

**City of Milwaukee - License Division**  
**200 E. Wells Street, Room 105**  
**Milwaukee, WI 53202**  
**(414) 286-2238 Fax (414) 286-3057**  
**license@milwaukee.gov**